

## COVER SHEET FOR FILING CIVIL ACTIONS

Date Filed: \_\_\_\_\_

FAUQUIER COUNTY CIRCUIT COURT, VIRGINIA

CASE NO. CL \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff (List 1<sup>st</sup> Plaintiff only) v. \_\_\_\_\_  
 Defendant (List 1<sup>st</sup> Defendant only)

Plaintiff Attorney: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Virginia State Bar ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SECTION A	SECTION B	SECTION C
Does the Complaint ask for monetary damages? <input type="checkbox"/> yes <input type="checkbox"/> no If no, proceed to Section B. If yes, please state total amount of damages sought? \$ _____ Please check appropriate filing type below:	Does the Complaint ask for a divorce? <input type="checkbox"/> yes (DIV) <input type="checkbox"/> no Annulment? <input type="checkbox"/> yes (ANUL) <input type="checkbox"/> no If no, proceed to Section C If yes, please attach VS-4	Please mark the box below that most closely identifies the case. The most common filings are listed first
<input type="checkbox"/> AL Asbestos Litigation		<input type="checkbox"/> AAPL Administrative Appeal
<input type="checkbox"/> CAN Unfounded Complaint-Abuse & Neglect		<input type="checkbox"/> AID Estate Aid & Direction
<input type="checkbox"/> CC Counterclaim		<input type="checkbox"/> AOCT Encumber Church Prop.
<input type="checkbox"/> CNTR Contract		<input type="checkbox"/> APPT Guardian/Conservator Pet.
<input type="checkbox"/> COM Complaint (Catch All)		<input type="checkbox"/> CNST Construe will
<input type="checkbox"/> COMP Compromise Settlement		<input type="checkbox"/> COM Complaint
<input type="checkbox"/> CTP Claim 3 <sup>rd</sup> party defendant		<input type="checkbox"/> COND Condemnation
<input type="checkbox"/> DECL Declaratory Judgment		<input type="checkbox"/> DRIV Restore Driving Privileges
<input type="checkbox"/> DET Detinue		<input type="checkbox"/> GARN Garnishment
<input type="checkbox"/> GTOR General Tort Liability		<input type="checkbox"/> INJ Injunction
<input type="checkbox"/> ITOR Intentional Tort		<input type="checkbox"/> INTP Interpleader
<input type="checkbox"/> MV Motor Vehicle Accident		<input type="checkbox"/> LIEN Judgment Lien, Bill to enforce
<input type="checkbox"/> MED Medical Malpractice		<input type="checkbox"/> MECH Mechanic's Lien, Bill to enforce
<input type="checkbox"/> UD Unlawful Detainer		<input type="checkbox"/> NC Name Change
<input type="checkbox"/> WD Wrongful Death		<input type="checkbox"/> PART Partition
		<input type="checkbox"/> PERF Specific Performance
		<input type="checkbox"/> PET Petition
		<input type="checkbox"/> QT Quiet Title
		<input type="checkbox"/> WC Writ of Certiorari
<b>Additional Filing Types</b>		
<input type="checkbox"/> ACCT Accounting	<input type="checkbox"/> MIN Termination-Mineral Rights	<input type="checkbox"/> ELEC Referendum Elections
<input type="checkbox"/> ANEX Annexation	<input type="checkbox"/> DTAX Sell Land for Delinq Taxes	<input type="checkbox"/> TERM Terminate Guardianship
<input type="checkbox"/> ZONE Appeal-Zoning	<input type="checkbox"/> VEH Vehicle Confiscation	<input type="checkbox"/> STND Standby Gdn./Conservator
<input type="checkbox"/> AVOT Appeal-Voter Registration	<input type="checkbox"/> WM Writ of Mandamus	<input type="checkbox"/> CTAX Tax—Correct State/Local
<input type="checkbox"/> ATT Attachment	<input type="checkbox"/> WP Writ of Prohibition	<input type="checkbox"/> VEND Enforce Vendor's Lien
<input type="checkbox"/> EMP Appeal-Employment Commission	<input type="checkbox"/> WQW Writ of Quo Warranto	

PROCESS (Check appropriate block below)	CLERK'S USE
<input type="checkbox"/> Serve by Sheriff (Include Sheriff fee with filing fee _____ number of services (indicate jurisdiction for each service on Complaint) <input type="checkbox"/> Private Service (Call or e-mail when ready): _____ <input type="checkbox"/> Through Statutory Agent. (Attach separate fee, affidavits & copies as required) <input type="checkbox"/> Do not issue process at this time. <input type="checkbox"/> Other Instructions:	Filing Fee Paid: _____ Number of Services Paid: _____ Attachments: <input type="checkbox"/> Check for Statutory Agent <input type="checkbox"/> Exhibits <input type="checkbox"/> Praecipe for _____ <input type="checkbox"/> Other: